

DIABETES PATIENT CARE FLOW SHEET

This Flow Sheet is based on the Guideline, *Diabetes Care*
Web site: <http://www.bcguidelines.ca>

NAME OF PATIENT	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DIABETES <input type="checkbox"/> T1 <input type="checkbox"/> T2	DATE OF BIRTH	AGE AT DIAGNOSIS
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CARE OBJECTIVES					SELF MANAGEMENT (Discuss with patient)																													
RISK FACTORS AND CO-MORBID CONDITIONS <input type="checkbox"/> Obesity (Measure BMI and waist circumference annually)					<input type="checkbox"/> Refer to diabetic team/educator <input type="checkbox"/> Weight management																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">HEIGHT (cm)</td> <td colspan="4"></td> </tr> <tr> <td>DATE</td> <td>BMI</td> <td>TARGET (kg/m²)</td> <td>DATE</td> <td>WAIST CIRC.</td> </tr> <tr> <td></td> <td></td> <td>Normal: 18.5-24.9</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Overwt: 25-30</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Obese: ≥30</td> <td></td> <td></td> </tr> </table>					HEIGHT (cm)					DATE	BMI	TARGET (kg/m ²)	DATE	WAIST CIRC.			Normal: 18.5-24.9					Overwt: 25-30					Obese: ≥30			<input type="checkbox"/> Hypertension (Target: ≤130/80) <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> CVD <input type="checkbox"/> Renal (microalbuminuria) • ACR (Target: M: <2.0; F: <2.8) <input type="checkbox"/> Smoker <input type="checkbox"/> Alcohol (assess/discuss)				
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					<input type="checkbox"/> Exercise: 2.5 hrs wk <input type="checkbox"/> Smoking cessation: <i>Quit Now</i> Phone toll free in BC: 1 877 455-2233 <input type="checkbox"/> Glucose meter lab comparison • within 20% <input type="checkbox"/> Patient care plan and resource sheet																													

VISITS (3 TO 6 MONTHS)					
DATE	BP	WEIGHT Lbs Kg	RECENT A ₁ C TARGET: ≤7%	NOTES (E.G. HYPOGLYCEMIA, GOALS, CLINICAL STATUS)	DM MEDICATION NOTES
					BASELINE (Note allergies, side effects & contraindications) *Consider low dose ASA and ACEI/ARB as indicated
					<input type="checkbox"/> NO CHANGE
					<input type="checkbox"/> NO CHANGE
					<input type="checkbox"/> NO CHANGE
					<input type="checkbox"/> NO CHANGE
					<input type="checkbox"/> NO CHANGE
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REMINDERS: REVIEW BLOOD GLUCOSE RECORDS Target premeal 4-7 mmol/L; 2 h postmeal 5-10 mmol/L

LABORATORY	← ANNUALLY (OR AS INDICATED) →	SCREEN FOR DIABETIC COMPLICATIONS
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NEPHROPATHY (yearly if high risk, q2y if mod. risk)

RENAL		
DATE	ACR	eGFR
TARGETS		M: < 2.0 F: < 2.8
		> 60


LIPIDS

LIPIDS					UKPDS 10-YR RISK
DATE	TC	LDL	TC/HDL	ApoB	%
DESIRABLE					< 3.5 < 5.0 < 1.05 MOD 10-19%
					< 2.5 < 4.0 < 0.85 HIGH ≥ 20%

NEUROPATHY

- Check feet for lesions & sensation (128 Hz tuning fork/10g monofilament)
- Check for pain, erectile dysfunction and GI symptoms

DATE DATE



RETINOPATHY

Annual Eye Exam: DATE DATE

NAME OF OPHTHALMOLOGIST/OPTOMETRIST _____

OTHER NOTES

- Commonly overlooked conditions:
- cataracts
 - carpal tunnel/tendon problems
 - dental problems

VACCINATIONS

Annual Flu: DATE DATE

Pneumovax: DATE